## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/527408

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)               |                                                |                                           |                                                                      |                                                     |                                 |                               |     | SMALL ENTITY TYPE   |                        | OR   | OTHER THAN<br>SMALL ENTITY |                        |
|---------------------------------------------------------------|------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------|---------------------------------|-------------------------------|-----|---------------------|------------------------|------|----------------------------|------------------------|
| U.S. NATIONAL STAGE FEES                                      |                                                |                                           | (Column )                                                            |                                                     |                                 | Joint Ly                      | ]   | RATE                | FEE                    |      | RATE                       | FEE                    |
| BASIC FEE                                                     |                                                |                                           | SMALL ENT. = \$ 150                                                  |                                                     | LARG                            | SE ENT. = \$ 300              | 1   | BASIC FEE           | 150                    | OR   | BASIC FEE                  |                        |
| EXAI                                                          | MINATION FEE                                   | E .                                       |                                                                      | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$ 100 |                                 | her situations = 100 / \$ 200 | 1   | EXAM. FEE           | 100                    |      | EXAM. FEE                  |                        |
| SEARCH FEE                                                    |                                                |                                           | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                                                     | All oth                         | her situations = 250 / \$ 500 |     | SEARCH FEE          | 200                    |      | SEARCH FEE                 |                        |
| FEE                                                           | FOR EXTRA SE                                   | PEC. PGS.                                 | minu                                                                 | minus 100 =                                         |                                 | / 50 =                        | ]   | X \$ 125 =          |                        |      | X \$ 250 =                 |                        |
| ΤΟΤ/                                                          | AL CHARGEAB                                    | ILE CLAIMS                                | 25 min                                                               | nus 20 =                                            | *                               | 5                             | ]   | X \$ 25 =           | 125                    | OR   | X,\$ 50 =                  | •                      |
| INDE                                                          | EPENDENT CLA                                   | AIMS                                      | 3 mi                                                                 | inus 3 =                                            | •                               | ·                             |     | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |
| MUL                                                           | TIPLE DEPENI                                   | DENT CLAIM PRE                            | ESENT                                                                |                                                     |                                 |                               |     | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |
| * If !                                                        | the difference                                 | in column 1 is I                          | less than zero                                                       | , enter "(                                          | 0" in co                        | lumn 2                        | -   | TOTAL               | <b>5</b> ,75           | OR · | TOTAL                      |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |                                                |                                           |                                                                      |                                                     |                                 |                               |     | SMALL ENTITY        |                        | OR   | OTHER THAN<br>SMALL ENTITY |                        |
| A FA                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                      | NUM<br>PREVIO                                       | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA              |     | RATE                | ADDI-<br>TIONAL<br>FEE | ,    | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT A                                                   | Total                                          | *                                         | Minus                                                                | **                                                  |                                 | =                             |     | X \$ 25 =           |                        | OR   | X \$ 50 =                  |                        |
| AME                                                           | Independent                                    | *                                         | Minus                                                                | ***                                                 |                                 | =                             | ]   | X \$ 100 =          | ·                      | OR   | X \$ 200 =                 |                        |
|                                                               | FIRST PRES                                     | SENTATION OF M                            | JULTIPLE DEPE                                                        | ENDENT                                              | CLAIM                           |                               | ]   | + \$ 180 =          |                        | OR   | + \$ 360 =                 |                        |
|                                                               | :                                              |                                           |                                                                      |                                                     |                                 |                               | -   | TOTAL ADDIT.<br>FEE | ·                      | OR   | TOTAL ADDIT.<br>FEE        |                        |
|                                                               | (Column 1) (Colu                               |                                           |                                                                      |                                                     | ımn 2)                          | (Column 3)                    | - 1 |                     |                        | •    |                            | :                      |
| 4T B                                                          |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                                                      | NUM<br>PREVIO                                       | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA              |     | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                     | Total                                          | *                                         | Minus                                                                | **                                                  |                                 | =                             |     | X \$ 25 =           |                        | OR   | X \$ 50 =                  |                        |
| AMEN                                                          | Independent                                    | *                                         | Minus                                                                | ***                                                 |                                 | =                             | ]   | X \$ 100 =          |                        | OR   | X \$ 200 =                 |                        |
|                                                               | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                                                      |                                                     |                                 |                               |     | + \$ 180 =          |                        | OR   | + \$ 360 =                 | `.                     |
|                                                               |                                                |                                           |                                                                      |                                                     |                                 |                               |     | TOTAL ADDIT.<br>FEE |                        | OR   | TOTAL ADDIT.<br>FEE        |                        |
| :                                                             | ٠.                                             | ,                                         |                                                                      |                                                     |                                 |                               |     |                     | •.                     |      | · .                        |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

if the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".